

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE : CHAPTER 7
:
HP SUPERIOR, INC., : CASE NO. 14-71797-PWB
:
Debtor. :
:
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NOTICE OF HEARING

PLEASE TAKE NOTICE that AEGIS Therapies, Inc. has filed a Motion for Allowance and Payment of Administrative Claim and related papers with the Court

PLEASE TAKE FURTHER NOTICE that the Court will hold a hearing on the Motion, in Courtroom 1401, The Richard B. Russell Federal Building, 75 Ted Turner Drive, SW, Atlanta, Georgia at 10:00 a.m. on March 22, 2016.

Your rights may be affected by the court's ruling on these pleadings. You should read these pleadings carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.) If you do not want the court to grant the relief sought in these pleadings or if you want the court to consider your views, then you and/or your attorney must attend the hearing. You may also file a written response to the pleading with the Clerk at the address stated below, but you are not required to do so. If you file a written response, you must attach a certificate stating when, how and on whom (including addresses) you served the response. Mail or deliver your response so that it is received by the Clerk at least two business days before the hearing. The address of the Clerk's Office is Clerk, U.S. Bankruptcy Court, Suite 1340, 75 Spring Street, Atlanta Georgia 30303. You must also mail a copy of your response to the undersigned at the address stated below.

Dated: March 2, 2016

Signature: /s/Craig B. Lefkoff

Craig B. Lefkoff
5555 Glenridge Connector
Suite 900
Atlanta, Georgia 30342
(404) 869-6900
clefkoff@lrglaw.com
Bar Number 445045

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IN RE	:	CHAPTER 7
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HP SUPERIOR, INC.,	:	CASE NO. 14-71797-PWB
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_____	:	_____

MOTION FOR ALLOWANCE AND PAYMENT OF ADMINISTRATIVE CLAIM

NOW COMES AEGIS THERAPIES, INC. (the "AEGIS") and moves this Court for allowance and payment of an administrative claim pursuant to 11 U.S.C. § 503(b)(1) for services rendered postpetition and prior to conversion to Chapter 7, and in support thereof, shows the Court as follows:

1.

On November 3, 2014, HP Superior, Inc. ("Debtor") filed a Voluntary Petition pursuant to 11 U.S.C. Chapter 11, and said case converted to Chapter 7 November 17, 2015, and said case is pending before this Court.

2.

The debtor operated a 118 bed skilled nursing facility.

3.

HP/Superior, Inc. dba St. Francis in the Park Health and Rehabilitation, ("St. Francis") executed an Outsourcing Therapy Services Agreement ("Agreement") with AEGIS on January 13, 2012. (See Exhibit A, attached hereto and incorporated herein). Under the Agreement,

AEGIS would supply Physical Therapy, Occupational Therapy and Speech and Language Pathology to St. Francis patients in exchange for compensation.

4.

AEGIS provided services to St. Francis from May 1, 2015 through June 30, 2015 and there remains a balance due of \$81,352.46. See Exhibit B, attached hereto and incorporated herein.

5.

An administrative claim shall be allowed for the “actual, necessary costs and expenses of preserving the estate” 11 U.S.C. Sec. 503(b)(1)(A). Some of the costs and expenses that qualify as administrative expenses are specifically defined, but an administrative expense may be any expense which satisfies the statute.

6.

The Eleventh Circuit has set forth two factors to determine whether services provided by a creditor preserved the estate and so qualify as an administrative expense. The services must maintain “the estate in as healthy a form as possible for the benefit of creditors while allowing essential costs of administering an ongoing business venture to be paid up front, thereby giving the debtor its best shot at emerging as a vital concern. Thus, a balance must be struck between the goal of maximizing the estate and the goal of encouraging on-going business with third parties to facilitate the continued operations of the business, and thus the reorganization”. *Varsity Carpet Servs. v. Richardson (In re Colortex Indus.)*, 19 F.3d 1371, 1377 (11th Cir. Ga. 1994). (Citations and footnotes omitted).

7.

AEGIS's claim qualifies as an administrative expense. The Agreement was entered into prior to the bankruptcy and the services were performed after the Chapter 11 case was filed and prior to conversion. AEGIS provided therapy services to St. Francis and its patients that were necessary to facilitate St. Francis's continued operation as a skilled nursing facility during this time. Although St. Francis did not successfully reorganize, the services AEGIS provided were necessary to give it a chance of reorganization.

8.

Movant is entitled to an administrative claim pursuant to 11 U.S.C. Sec. 503(b)(1) in the amount of \$81,352.46 for the services it provided to St. Francis from May 1, 2015 through and including June 30, 2015.

WHEREFORE, for the reasons stated above, AEGIS Therapies, Inc. requests it be allowed an administrative proof of claim under 11 U.S.C. Sec. 503(b)(1) in the amount of \$81,352.46 and that such claim be paid from the bankruptcy estate.

This March 2, 2016.

The Law Office of
LEFKOFF, RUBIN, GLEASON & RUSSO, P.C.
Attorneys for Movant

By: /s/ Craig B. Lefkoff
Craig B. Lefkoff
Georgia State Bar No. 445045

5555 Glenridge Connector
Suite 900
Atlanta, Georgia 30342
(404) 869-6900
clefkoff@lrglaw.com

OUTSOURCING THERAPY SERVICES AGREEMENT

This OUTSOURCING THERAPY SERVICES AGREEMENT (the "Agreement") is entered into between AEGIS Therapies, Inc., a Delaware Corporation, ("PROVIDER") and HP/Superior, Inc dba St. Francis in the Park Health and Rehabilitation, a health care provider ("HCP"). In consideration of this Agreement, the parties agree as follows:

1. TERM

The term of this Agreement shall commence on March 1, 2012, and shall remain in full force and effect for an initial term of one year and shall automatically be renewed unless either party delivers to the other written notice of intent not to renew at least sixty (60) days prior to the end of each term. Unless either party elects to terminate this Agreement in accordance with the terms of this paragraph, this Agreement shall be deemed to have been automatically renewed for additional terms of one (1) year each. Either party may at any time terminate this Agreement in the event a material default by the other party, if either party hereto shall materially fail to comply with any of the obligations, liabilities or undertakings assumed by such party under this Agreement, and such failure continues uncured for forty-five (45) days following delivery of written notice describing such breach by the non-defaulting party. Upon mutual agreement, the Agreement can be cancelled without invocation of the cure clause. Notwithstanding, this Agreement may be terminated immediately upon the occurrence of one or more of the following events: a) the dissolution of HCP; b) the failure of HCP to maintain the insurance coverage as required hereunder; c) a determination that any representations made by HCP in this Agreement are false; or d) failure of HCP to pay compensation as provided for herein. In the event of termination of this Agreement for any reason, such termination shall not affect or negate the obligation of HCP to pay the fees to PROVIDER accruing prior to the effective date of termination. Furthermore, HCP waives its right to request without cause termination of this contract unless HCP is current in its accounts payable to PROVIDER within a 30 day period. All fees for Services rendered by PROVIDER and billed to HCP prior to termination shall become immediately due and payable within five (5) days after the date of termination, regardless of whether termination was with or without cause.

2. SERVICES

PROVIDER will provide specialized therapy services (check all that apply ☒ Physical Therapy, ☒ Occupational Therapy, ☒ Speech and Language Pathology) to HCP's inpatients and outpatients, as applicable, in accordance with any applicable requirements of federal, state and local laws, rules or regulations, including provisions of the Omnibus Reconciliation Acts of 1987 and 1990 and amendments to these Acts. The scope of the services to be provided are set forth in Exhibit B which is attached to and incorporated, by reference, herein to this Agreement.

HCP agrees to provide PROVIDER an accurate Medicare Part A census by RUG IV category on a monthly basis to ensure correct billing by PROVIDER.

3. COMPENSATION

PROVIDER will be compensated by HCP for services rendered from the first day of the calendar month through the last day of the calendar month ("BILLING PERIOD") according to invoices submitted monthly to HCP by PROVIDER. PROVIDER will be paid within 30 days after invoices are submitted by PROVIDER to HCP. Invoices will reflect the Fee Schedule agreed to by PROVIDER and HCP. The Fee Schedule is attached to and incorporated herein to this Agreement as Exhibit A. Late payments shall accrue interest on the outstanding balance of one and one-half percent (1.5%) per month, or the maximum rate allowed by law, whichever is lower.

Either party may request, upon written notice, the rates and/or terms under this Agreement be renegotiated, if, at any time, there is a change in the state and/or federal laws, regulations, or interpretations thereof, which materially alter the consideration and/or benefits to the Parties when this Agreement became effective.

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HCP Initials

Exh A

4. APPEAL OF MEDICAL CLAIMS REVIEW DENIALS

4.1 In the event Medicare, Medicaid or any other third-party payor makes an additional documentation request ("ADR") which is therapy related, HCP shall promptly notify PROVIDER. Both parties shall cooperate in providing all information necessary to respond to the ADR.

4.2 Claims Disallowance: In the event PROVIDER claims and receives payment from HCP for service, reimbursement for which is later disallowed or recaptured in part or in full by the federal, state or local government, or other third party payor, including without limitation the Medicare or Medicaid programs, and where such disallowance or recapture is directly attributable to the acts or omissions of PROVIDER, its employees or contractors, PROVIDER shall promptly refund the disallowed or recaptured amount, previously received by PROVIDER, to HCP upon final resolution (by the fiscal intermediary, carrier or, if appealed, by final administrative or judicial determination), but only if the denial is based on a finding that:

4.2.1 The services were not medically necessary

4.2.2 The services were otherwise not covered services under policies and the rules of any applicable payment program; or

4.2.3 The services were not supported by timely and complete invoices and other necessary documentation of a claim.

4.3 Appeals of Disallowed Claims: HCP agrees that with regard to any denial or rejection, PROVIDER shall have the right to request that HCP appeal said denial or rejection.

4.3.1 If HCP does appeal, PROVIDER shall provide HCP or its representative with any additional information or documentation appropriate to said appeal in a timely manner. HCP agrees to exhaust all available appeals unless otherwise agreed to by PROVIDER. PROVIDER shall cooperate in audit, informal conferences, hearings, appeals and other proceedings, leading to or arising from the disallowance or recapture.

4.3.2 If HCP does not appeal and PROVIDER elects to pursue the appeal, HCP hereby appoints PROVIDER as the representative of HCP to pursue the appeal on behalf of the beneficiary. HCP shall assist as reasonably required by PROVIDER in providing any additional information appropriate to pursue, develop and present such appeals in a timely manner.

4.3.3 If HCP does not appeal, regardless of whether PROVIDER pursues the appeal, then PROVIDER shall not be required to refund the disallowed or recaptured amount previously received.

4.4 Notice

4.4.1 HCP shall provide PROVIDER a copy of any written claim denial applicable to PROVIDER's services under this Agreement within fourteen (14) business days of receipt of the denial by HCP. Notice for such purposes of this paragraph shall be provided in the same manner set forth in the Agreement.

4.4.2 In the event that HCP does not notify PROVIDER of such a claim denial, disallowance or recapture as required herein, PROVIDER shall be entitled to receive and retain full payment of such claim from HCP and shall have no obligation to refund or reimburse any portion of such claim to HCP under this Section 4, and HCP shall have no right of offset for such amounts.

5. INDEPENDENT CONTRACTOR

In performance of the duties and obligations of each party to this Agreement and with regard to any services rendered or performed for beneficiaries of either party, it is mutually understood and agreed that PROVIDER and HCP are at all times acting and performing as independent contractors and that neither party shall be considered an agent, servant, partner, employee or joint venture of the other party.

Nothing contained herein or any document executed in connection herewith shall be deemed or construed by the parties hereto, nor by any third party, as creating the relationship of principal and agent, employer and employee, partnership, or joint venture between the parties. Each party hereby acknowledges that neither it nor its Agents shall have any right or entitlement in or to any of the unemployment, workers' compensation, health, pension, retirement, or other benefit programs now or hereafter available to the other party's employees.

6. RECORDS

When applicable, PROVIDER agrees to abide by Section 1395x(v)(1)(I)(i) of Title 42 of the United States Code with respect to any services provided by PROVIDER under this Agreement the cost or value of which is ten-thousand dollars (\$10,000) or more over a twelve (12) month period. PROVIDER agrees to maintain a copy of this Agreement and such books, documents or records as are necessary to certify the nature and extent of the costs of the services for four (4) years after the expiration of the Agreement. PROVIDER agrees to make such books, documents or records available upon request to the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States General Accounting Office or from any of their duly authorized representatives.

PROVIDER further agrees that in the event PROVIDER carries out any of its duties under this Agreement through a subcontract with the value or cost of ten-thousand dollars or more over a twelve month period, such contract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of services pursuant to such subcontract, the subcontractor shall make available upon written request to the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States General Accounting Office or any of their duly authorized representatives, the subcontract and such books, documents and records as are necessary to certify the nature and extent of such costs.

7. EQUIPMENT, TOOLS, MATERIALS, AND SUPPLIES

HCP shall supply, at HCP's sole expense, all equipment, tools, materials, and/or supplies that are needed by PROVIDER to accomplish the services agreed to be performed in this Agreement. For Nautilus Equipment (Freedom through Functionality Program) see attached Exhibit C. Exhibit C is incorporated, by reference, herein to this Agreement.

8. INSURANCE AND INDEMNITY

8.1 Each party agrees to procure and maintain at all times throughout the term of this Agreement such insurance, including professional malpractice insurance, as will fully protect themselves from all acts, errors or omissions while performing the services provided for in the Agreement. Such insurance shall be no less than \$1,000,000 per injury or incident and \$3,000,000 aggregate per year and \$100,000 of coverage for each occurrence of property damage. HCP shall provide to PROVIDER a certificate issued by an insurer authorized to do business in this state indicating HCP has complete liability insurance as described above.

8.2 Each party shall indemnify, defend, and hold the other party harmless from and against any and all claims, suits, damages, and liabilities (including, without limitation, reasonable attorneys' fees) of any nature or kind whatsoever arising out of or resulting from, directly or indirectly: (a) a party's breach of this Agreement, including, without limitation, breach of any representation, warranty, or covenant of such party in this Agreement; and (b) any alleged negligent or intentional acts or omissions of a party, its agents or employees, based upon, arising out of or attributable to the performance or non-performance of their respective obligations under this Agreement. Upon notice, the other party shall resist and defend, at its own expense, any such claim or action. Said indemnity is in addition to any other rights the



HCP Initials

indemnified party may have against the indemnifying party. This Section shall survive the expiration or termination of this Agreement.

8.3 EXCEPT AS SET FORTH IN SECTION 4 ABOVE, TO THE EXTENT PERMITTED BY APPLICABLE LAW, NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR EXEMPLARY, SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES, LOST PROFITS, LOST OPPORTUNITY OR LOSS OF REVENUE, EVEN IF THE PARTY IS AWARE OF, OR HAS BEEN ADVISED OF THE POSSIBILITY OF, SUCH DAMAGES (WHETHER UNDER TORT OR CONTRACT).

9. CONFIDENTIALITY AND PROPRIETARY INFORMATION

9.1 Both PROVIDER and HCP agree to abide by all federal, state and local laws pertaining to confidentiality and disclosure with regard to all information and records obtained or reviewed in the course of providing services ("Proprietary Information"). Proprietary Information shall be defined as all training materials, policies and procedures, AIMS, Clinical programs and other software used by PROVIDER or HCP in performance of this Agreement.

During the terms of this Agreement and at all times thereafter, HCP shall not, without the prior written consent of the PROVIDER, publish, communicate, divulge, disclose or use any Proprietary Information which has been designated by the PROVIDER as proprietary or which the HCP, based on the surrounding circumstances, ought to treat as proprietary upon the expiration or earlier termination of this Agreement.

9.2 HCP hereby grants a license to PROVIDER to use and/or publish the name or trademark HP/Superior, Inc dba St. Francis in the Park Health and Rehabilitation in whole or in part, through any media. This specifically includes both print and electronic media. HCP shall execute the Consent attached at Exhibit B.

10. COMPLIANCE WITH HIPAA

Both PROVIDER and HCP agree to comply with those provisions of the Health Insurance Portability and Accountability Act of 1996 set forth in Title XI, Part C of the Social Security Act (42 U.S.C. §1320d-1329d-8) and the regulations thereunder (45 C.F.R. Parts 160, 162 and 164) as amended, or any successor law, if and to the extent applicable, which set forth standards for electronic transactions and standards for security and privacy of individually identifiable health information. All medical records and other individually identifiable health information disclosed to the parties, in any form, whether communicated electronically, on paper, or orally, shall be protected from unlawful disclosure in accordance with applicable federal and state law.

11. ATTORNEY'S FEES

If suit is brought to enforce any of the terms or conditions of this Agreement, the prevailing party shall be entitled to recover such sums as the court may fix as costs and attorney's fees, in addition to any other relief to which it may be entitled.

12. NOTICE

~~Any notice from one party to another shall be in writing and considered effective three (3) days after deposit with the United States Postal Service by certified or registered mail, first class postage prepaid and addressed to the parties as follows:~~

PROVIDER: AEGIS Therapies, Inc.
1000 Fianna Way
Fort Smith, Arkansas 72919
Attention: Vice President

HCP: St. Francis in the Park Health & Rehabilitation
1800 New York Avenue
Superior, WI 54880
Attn: Administrator


HCP Initials

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AEGIS: One/pps-inf
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13. NON-SOLICITATION

13.1 During the term of this Agreement and for a period of twenty-four (24) months after termination of this Agreement, HCP will not, (1) directly or indirectly through another therapy services provider, employ or contract with or for (a) any therapist, assistant or aide who has provided, managed or otherwise been involved in the provision of services under this Agreement, or (b) any entity in which any such individual has an interest (as a principal, partner, director, officer, agent, employee, consultant, contractor or otherwise); or (3) directly or indirectly induce or attempt to influence any employee or contractor of Aegis to terminate his or her relationship with Aegis ("Non-Solicitation Period");

13.2 HCP acknowledges that the restrictions contained in 13.1 of this Section in view of the nature of the business in which Aegis is engaged, are reasonable and necessary to protect the legitimate interests of Aegis, and that any violation thereof may result in injuries to Aegis. HCP therefore acknowledges, that, in the event of its violation of any of these restriction, Aegis shall be entitled to apply to a court for injunctive relief as well as damages and an equitable accounting of all earnings, profits and other benefits arising from such violation, which rights shall be cumulative and in addition to any other rights or remedies to which Aegis may be entitled;

13.3 Notwithstanding the foregoing, Aegis may, in its sole discretion, waive its right to enforce this Non-Solicitation Period, should HCP request in writing Aegis' permission to hire Aegis therapists, assistants or aides before the end of that period and Aegis grants such permission. Upon approval by Aegis, HCP agrees to pay Aegis Seven Thousand Five Hundred Dollars (\$7,500.00) per therapist hired; Five Thousand Dollars (\$5,000.00) per therapy assistant hired; and Three Thousand Dollars (\$3,000.00) per therapy aide hired.

14. CORPORATE COMPLIANCE PROGRAM

HCP agrees to cooperate with PROVIDER in carrying out its corporate compliance program by providing access to, but not limited to, necessary billing backup documentation, participation in contract and claims audits and any other reasonable requests by the PROVIDER's corporate compliance department.

15. ENTIRE AGREEMENT

This Agreement contains, and is intended as, the complete statement of all terms between the parties with respect to the subject matter hereof. This Agreement shall supersede any previous agreements and amendments, whether written or oral, between the parties related to the provision of therapy services.

16. AMENDMENT AND WAIVER

This Agreement or any part or section of it may be amended or waived at any time during the term of the Agreement by mutual written consent of the duly authorized representatives of HCP and PROVIDER. Any such waiver shall operate only in the specific instance.

17. CONTROLLING LAW

This Agreement shall be governed and construed in accordance with the laws of the State of Wisconsin.

18. SEVERABILITY

The provisions of this Agreement are severable and, to the extent that any provision may be unenforceable or may impair the enforcement of any other provision, shall be modified or deleted.

19. ASSIGNMENT

This Agreement may not be assigned by either party without the written consent of the other party. This Agreement shall be binding upon and inure to the benefit of the parties and their respective successors and permitted assigns.

20. CAPTIONS

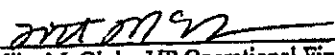
All section captions and headings in this Agreement are provided for informational purposes only and shall not be relevant to or affect the interpretation or construction of any provision of this Agreement.

21. CORPORATE ACCEPTANCE

HCP acknowledges and agrees that this Agreement is not binding on the parties until it is accepted by an authorized member of PROVIDER's management as evidenced by his or her signature below.

IN WITNESS WHEREOF, the parties by their duly authorized representative have entered into this Agreement as of the date first written above:


PROVIDER: AEGIS Therapies, Inc.



Mike McOlvin, VP Operational Finance

Date 1/19/12

HCP:

HP/Superior, Inc. aka St. Francis in the Park Health and Rehabilitation


Deb Simaytis, Administrator

Date 1-13-12

EXHIBIT A – FEE SCHEDULE

8482 97135

St. Francis in the Park Health and Rehabilitation
1800 New York Avenue
Superior, WI 54880
March 1, 2012

I. Payment for Medicare Part A Patients:

Shall be paid at a rate equal to \$1.05 per delivered minute, 5% soft cap.

On March 1, 2013, and on each March 1 thereafter, the payment for Medicare Part A Services under this Agreement shall increase by three and one half percent (3.5%) above the rate that had been in effect under this agreement.

II. Payment for Medicare Part B Patients:

Shall be paid at a rate equal to 75% of the (then current, as of date of treatment) Medicare approved Resource Based Relative Value Scale ("RBRVS") charge corresponding to the CPT-4 Code for services provided by PROVIDER.

III. Payment for WI Medicaid Patients:

PROVIDER will directly bill WI Medicaid that is reimbursed by T-19. HCP is responsible for all other Medicaid billing.

IV. Payment for All Other Non-Medicare Patients:

Shall be paid at a rate equal to 75% of the (then current, as of date of treatment) Medicare approved Resource Based Relative Value Scale ("RBRVS") charge corresponding to the CPT-4 Code for services provided by PROVIDER.

V. Optional Services:*

See attached Scope of Services – Exhibit B
Optional Services to be provided at the request of Administrator
Shall be paid at a rate equal to \$1.05 per minute Time in Facility

On March 1, 2013, and on each March 1 thereafter, the payment for Optional Services under this Agreement shall increase by three and one half percent (3.5%) above the rate that had been in effect under this agreement.

VI. Definitions:

A. "Delivered minute" means all minutes for which either evaluation or treatment services are provided.

B. "R-Code Patients" means patients/clients receiving services covered by Part A of the Medicare Program and classified in an R-Code Category.

C. "R-Code Day" means any day for which HCP receives payment in connection with the RUG-IV Rehabilitation Category (which includes RU __, RV __, RH __, RM __ and RL __), regardless of whether the patient actually received therapy services on that day. For purposes of this Agreement, any day that would otherwise have been on R-Code Day, but for HCP's failure to appropriately submit MDS or other documentation for payment, or because of HCP's acts or omissions that cause a rate default, shall be considered an R-Code Day. Notwithstanding the foregoing, if the MDS software causes a reclassification or regrouping to occur, which reclassifies an R-Code Day to a

Non-R-Code Day, or which reclassifies an R-Code to a lower R-Code, Provider shall nevertheless be entitled to reimbursement at the higher R-Code rate for services performed and rendered to the patient.

- D. "Non-R-Code Patients" means patients/clients receiving services covered by Part A of the Medicare Program and not classified in an R-Code Category.
- E. "Time in Facility" means any time spent, whether in the HCP's facility or off the premises, that is (i) related to the rehabilitation care of or direct contact with HCP's residents, (ii) spent on behalf of HCP or in support of HCP's programs.

EXHIBIT B - SCOPE OF SERVICES

STANDARD SERVICES

Resident Related Activities:

Physical Therapy, Occupational Therapy, and Speech-Language Pathology services available to meet resident needs as clinically appropriate. Services include:

- ☒ Resident evaluations.
- ☒ Resident treatment.
- ☒ Resident and caregiver/family education.
- ☒ Patient identification through participation in care conferences, rounds, RUGs meetings, or Medicare meetings.
- ☒ Timely and accurate submission of MDS information for Section O.
- ☒ Minute management through the position of Rehab Program Coordinator.
- ☒ Routine screening (admission, quarterly and significant change).
- ☒ Clinical Case Management (e.g. for managed care) for Therapy through position of Rehab Program Coordinator.

Non-Resident Related Activities:

- ☒ Clinical support for rehab staff, including clinical interns. See Exhibit B-1.
- ☒ Initial inservice to train CNA's in resident needs identification and referral to therapy.
- ☒ Accurate CPT coding and ICD-9 identification on service logs submitted to the billing office.
- ☒ Provide all required therapy billing to the business office as per the terms in the contract.
- ☒ Appeal denied claims that are a result of therapy services provided.
- ☒ Regular manager visits to the facility to address priority issues (which may include compliance review, chart audits, rehab staff management and inservicing, program development activities, or meeting with key facility staff).
- ☒ Quarterly inservice to the facility on topics identified by facility.

OPTIONAL SERVICES

Additional Clinical Services:

Optional Services to be provided at the written request of Administrator:

- ☒ Additional inservices to facility staff.
- ☒ Consultation on reimbursement, MDS coordination, system development (e.g. grand rounds, QA&A, outcomes system development, etc).
- ☒ Screening (above and beyond ongoing patient identification as defined above).
- ☒ Consultation to special committees (i.e. restraint reduction, wound care, etc.).
- ☒ Survey readiness activities or correction activities.
- ☒ Manage facility response to fiscal intermediary requests for additional information.
- ☒ Participation in marketing and community services.
- ☒ Clinical case management (e.g. for managed care) for HCP through position of Rehab Program Coordinator.
- ☒ Supplemental staffing.

Exhibit B-1 - Clinical Affiliation

Provider will at all times be responsible for the students in the clinical internships at HCP, including, but not limited to the following:

1. Provider shall ensure that the participating school provides documentation that each student and instructor assigned to HCP has had a negative Tuberculosis test within the past twelve months. Students and instructors participating in the Program will have full responsibility for any personal injury or illness related to their clinical experience or classroom work at HCP, including exposure to communicable disease. Provider shall ensure that the participating school informs each student and instructor of these requirements.
2. Provider will ensure that the participating school provides students with current descriptive information regarding HCP and ensure that each student and instructor receives an orientation to HCP policies and procedures prior to their participation in the Program. Provider will ensure that students and instructors are aware of the requirements of abiding by HCP rules, regulations, policies and procedures, including safeguarding the privacy and confidentiality of residents' health information and the wearing of proper dress and identification. In cooperation with HCP, Provider will implement appropriate measures to monitor and maintain student and instructor compliance with HCP rules, regulations, policies and procedures.
3. Provider shall provide a supervised clinical experience for the students during their participation in the externship Program.
4. HCP will retain responsibility for and control of supervision of resident's care. Accordingly, HCP will coordinate with Provider to determine which HCP residents are appropriate for assignment to students and HCP reserves the right to change assignments based on its reasonable judgment as to the residents' needs.
5. HCP has the right to refuse the use of HCP by any student or instructor it deems to be in violation of any rules, regulations, policies or procedures of HCP or whose health or performance is, in the judgment of HCP, detrimental to resident welfare.

EXHIBIT C

Freedom Through Functionality Program

Freedom Through Functionality ("FTF") is a strength-building program designed especially for the frail elderly. A skilled nursing facility can incorporate the *Freedom Through Functionality* program into their existing program in three ways:

- Expand existing inpatient and outpatient skilled therapy programs to achieve better outcomes quicker
- Expand existing restorative nursing programs to achieve better outcomes and maintain higher levels of function (reduce burden of care)
- Provide a community wellness program (for community dwelling seniors and for facility residents who exceed the criteria for skilled therapy or restorative nursing programs; may also be offered to associates)

AEGIS Therapies, Inc. has developed a therapy program using Nautilus equipment that would be beneficial to HCP residents (the "Program"). If HCP decides to participate in the Program, PROVIDER can arrange for the delivery of the Nautilus equipment to HCP.

When HCP agrees to participate in the Program, HCP agrees to:

- Fully participate in the required training
- Appoint and fund program coordinator for resident community wellness program
- Provide adequate space - at least 325 sq. ft.
- Make data available to track the success of this Program
- Obtain branded marketing materials through PROVIDER

The rehabilitation department manages the *Freedom Through Functionality* program when provided as a part of the skilled therapy programs (inpatient and outpatient). The facility manages the restorative nursing and community wellness aspects of the program.

The facility that is successful at implementing the *Freedom Through Functionality* program is one that meets the following criteria:

- **Facility Leadership**
 - Executive Director and Director of Nurses have been at this facility for a minimum of 12 months
 - The facility has had strong, positive surveys for the past 12 months (complaint visits and annual surveys)
 - The Executive Director and facility leadership are active in community activities, especially with the elder continuum
 - The facility enjoys a strong working relationship with its physician referral base
 - The Medical Director supports the rehabilitation program at the facility
 - The facility is meeting budget for revenue and expense
 - The facility is adequately staffed, with no use of registry
 - The facility has an effective restorative nursing program with dedicated personnel
 - Quality indicators for the facility reveal that there is good communication between restorative nursing and rehabilitation (e.g. low incidence of contractures, falls, wounds, restraints)
 - The *Freedom Through Functionality* program is a major part of the facility's strategic plan, and there are not other priorities that will focus attention away from its development
- The facility has been successful in implementing other clinical programs (such as an Alzheimer's Care Unit, walk-and-dine program, restorative dining, etc.)
- The facility receives positive customer and associate satisfaction surveys
- A facility program champion is identified who can successfully implement and market the program

- **Facility Location/Demographics**
 - The facility has a good reputation within the community
 - Admissions and census have been stable for the past 12 months
 - Many of the patients admitted to the facility return home
 - There are no competing outpatient or wellness programs/facilities within a 3 to 10 mile radius
 - If in a managed care market, the facility is part of a preferred provider network
- **Space**
 - The facility meets the criteria for outpatient services (as required by state and federal regulation)
 - There is a minimum of 325 sq. feet of available space for the program, that is easily accessible by therapies, restorative nursing, residents, and outpatients
 - The space is aesthetically pleasing and inviting for community participants
 - There is ample parking
- **Rehabilitation Services**
 - The therapy staff has been stable for the past 12 months
 - The therapy and nursing departments have demonstrated the ability to partner together
 - Therapy utilization has met targets for the past 6 months
 - Therapists have demonstrated receptivity to new learning, change (e.g. incorporated Restore / Compensate / Adapt and Scope of Practice into treatment planning, implemented new programs such as dementia, falls and balance, medically complex)

We at AEGIS strongly believe that a facility should meet all of the above criteria prior to the placement of the Nautilus equipment within your facility. If your facility does not meet these criteria and you still desire to have the *Freedom Through Functionality* program, it is important that you understand that you may not achieve the optimal outcomes of this program through no fault of AEGIS Therapies.

PROVIDER will purchase all necessary equipment from Nautilus for the duration of this Agreement. If either party terminates this Agreement for any reason, PROVIDER will remove all Nautilus equipment from the HCP on the termination date. PROVIDER shall retain and solely own all equipment from Nautilus, training materials, outlines, notes, flow charts, diagrams, outcome data, policy and procedures and any other intellectual property associated with the *Freedom Through Functionality* program. HCP acknowledges and agrees that the Nautilus equipment will be primarily used for therapy patients under the supervision of PROVIDER. PROVIDER will have the sole authority and responsibility for scheduling the times when therapy patients will be using the Nautilus equipment. The parties further agree that they will work with each other in good faith to define the parameters of a Wellness program and the usage of the Nautilus equipment within the Wellness program.

By signing below you are acknowledging that the criteria for a successful *Freedom Through Functionality* program were explained to you and that these facility criteria are needed for the program to be successful.

Accepted by 
AEGIS Therapies, Inc

Accepted by  - 
HCP

Exhibit D

1. **Background and Applicability.** Effective January 1, 2006, Medicare implemented financial limitations on the annual reimbursement for physical therapy, including speech-language pathology services, and occupational therapy provided to Medicare beneficiaries and reimbursed under Medicare Part B (the "Medicare Therapy Caps"). This Exhibit D shall apply to all therapy services provided to Medicare-eligible residents of the Facility (or non-residents receiving therapy services at the Facility) and billed to Medicare Part B on or after January 1, 2006. This Exhibit shall automatically terminate in the event of the repeal, moratorium, or other change in law or administrative action that has the effect of eliminating the Medicare Therapy Caps.
2. **Notice Requirements; Coordination of Care.** HCP and PROVIDER shall communicate and work together with respect to residents of the Facility that are subject to the Medicare Therapy Caps so as to facilitate the provision of medically necessary therapy services to such residents. The parties acknowledge that the Medicare Therapy Caps are computed annually for each Medicare beneficiary based on all therapy services provided during the year to the beneficiary by any PROVIDER, therapist, physician or other non-physician practitioner. Accordingly, it shall be the obligation of the HCP to inform the PROVIDER in writing of the amount, if any, by which a beneficiary's annual Medicare Therapy Cap has been reduced for therapy services provided to such beneficiary prior to the provision of therapy services by PROVIDER (a "Reduced Therapy Cap"). (1) In the cases where HCP is responsible for tracking the Medicare Therapy Cap it shall be the obligation of the HCP to inform the PROVIDER in writing when the provision of additional therapy services to a resident will, or is likely to, exceed the applicable Medicare Therapy Cap or Reduced Therapy Cap for the resident. (2) In the cases where PROVIDER is responsible for tracking the Medicare Therapy Cap it shall be the obligation of the PROVIDER to inform the HCP in writing when the provision of additional therapy services to a resident will, or is likely to, exceed the applicable Medicare Therapy Cap or Reduced Therapy Cap for the resident. For purposes of this Agreement, "nearing the Cap" is defined as two-hundred dollars (\$200.00) to Cap. In such event, PROVIDER and HCP agree to work together to coordinate the care of such resident in a manner that ensures that the necessary services are provided to the resident in the most efficient and clinically appropriate manner. Notwithstanding the foregoing, HCP shall be responsible for paying PROVIDER in accordance with the terms of the Agreement for all therapy services provided at the Facility to a Medicare beneficiary, including therapy services provided in excess of a Reduced Therapy Cap or the Medicare Therapy Cap.
3. **Co-Insurance and Deductibles; Secondary Insurance.** HCP shall be responsible for collecting all co-insurance and deductible amounts directly from the Medicare beneficiaries for therapy services provided at the Facility. In addition, when a Medicare beneficiary has received therapy services during any calendar year in an amount equal to the Medicare Therapy Cap, HCP shall be responsible for billing the beneficiary, the beneficiary's responsible party, Medicaid, a managed care organization or any other available third party reimbursement source for all additional therapy services provided to such beneficiary at the Facility during that year.
4. **Notifications to Beneficiaries.** HCP shall be responsible for notifying each Medicare beneficiary receiving therapy services at the Facility when the provision of further therapy services will exceed the Medicare Therapy Caps (unless performed in a hospital outpatient department) and of the beneficiary's responsibility to pay for all therapy services provided at the Facility that exceed the annual Medicare Therapy Caps.

Exhibit E

CONSENT TO USE BUSINESS NAME OR TRADEMARK

HP/Superior, Inc dba St. Francis in the Park Health and Rehabilitation ("Grantor"), hereby grants a license to Aegis Therapies, Inc hereinafter referred to as "Company," its Affiliates and agents:

Grantor address: 1800 New York Avenue, Superior, WI 54880

to use and/or publish the name or trademark, in whole or in part, through any media. This specifically includes both print and electronic media.

This Company is located at: 1000 Fianna Way, Fort Smith, AR 72919

Grantor hereby has the right to inspect and/or approve the finished copy of any electronic or printed matter that may be used in conjunction with such use of name or trademark or eventual use to which it might be applied.

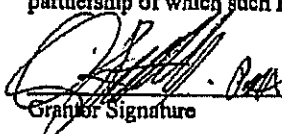
Grantor hereby consents that Company may use the business name or trademark for the purposes of advertising, publication recruitment and promotion.

Grantor hereby warrants that Grantor is an agent for the above named entity and is able to sign on behalf of the entity named above insofar as this consent is concerned, and that I have read the foregoing Consent and fully understand the contents thereof.

Grantor understands that Grantor can revoke this Consent by notifying Company's General Counsel - Corporate in writing at the address below. (Grantor also understands that if the business name or trademark has already been used before the revocation is received, the revocation will be effective only as of the date it is received and Company shall not be obligated to terminate any use then in publication.)

Aegis Therapies, Inc
1000 Fianna Way
Fort Smith, Arkansas 72919
Attn: General Counsel - Corporate

As used herein, "Affiliate" shall mean, as to any individual, partnership, joint venture, corporation, limited liability company, trust, estate or other entity or organization (a "Person"), any Person controlled by, controlling, or under common control with such Person, and, in the case of a Person who is an individual, a member of the family of such individual consisting of a spouse, sibling, in-law, lineal descendant, or ancestor (including by adoption), and the spouses of any such individuals. For purposes of this definition, "control" (including the terms "controlling", "controlled by" and "under common control with") of a Person means the possession, directly or indirectly, alone or in concert with others, of the power to direct or cause the direction of the management and policies of such Person, whether through the ownership of securities, by contract, or otherwise. A Person shall be presumed to control any partnership of which such Person is a general partner.


Grantor Signature

1-12-12
Date

Note: The business name or trademark will be used for the production of communication materials, which will be used for the following purposes: employee/contractor recruitment and/or marketing. Company will not receive compensation, whether monetary or otherwise, from a third party as a result of the use of this business name or trademark for marketing purposes.

Note: This Consent will expire when the company no longer provides services to this facility.

**FIRST AMENDMENT
TO THE
OUTSOURCING THERAPY SERVICES AGREEMENT**

This Amendment to the Outsourcing Therapy Services Agreement between Aegis Therapies, Inc, a Delaware corporation ("PROVIDER") and HP/Superior, Inc dba St. Francis in the Park Health and Rehabilitation ("HCP") is entered into and effective this 18th day of March, 2015 (this "AMENDMENT").

RECITALS

- A. PROVIDER and HCP have previously entered into an Outsourcing Therapy Services Agreement effective March 1, 2012 (the "Agreement").
- B. Pursuant to Sections 3 and 16 of that certain Agreement the parties now desire to amend the Agreement.

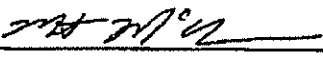
THEREFORE, IT IS AGREED, the Agreement is amended as follows:

1. Exhibit A – Fee Schedule. Aegis Therapies elects to waive its right to escalate pricing on March 1, 2015. Pricing will remain at the rate which became effective on March 1, 2014. Pricing will resume automatic escalation on March 1, 2016 and on each March 1 thereafter.
2. Except as hereby amended, all of the terms and conditions of the Agreement shall remain unchanged and shall be in full force and effect as if again recited herein.

WHEREFORE, upon acceptance by the duly authorized representatives of the parties, this Amendment shall become a part of the Agreement as of the date first written above.

AEGIS Therapies, Inc.

**HP/Superior, Inc dba St. Francis in the Park
Health and Rehabilitation**



Mike McOlvin, VP Operational Finance



Jennifer Rose RN NHA
(Printed Name & Title)

Date 4/1/15

Date 3/23/15



STATEMENT

Date

12/29/15

97135

Past Due \$81,352.46

Total Due \$81,352.46

St. Francis in the Park Health & Rehab
1800 New York Avenue
Superior, WI 54880

Doug Mittleider
Joan Christian 715-394-5591 X130
Fax: 715-394-5098
Kim Eubanks-Al 770-870-2881
Gaye Erkel bom.stfrancis@healthprime.com

DistrictID 4762

Terms 30 Days

Date	Invoice #	Billed	1.5% Late Fee	Payment	Bankruptcy	Balance
May-15	6278743	\$42,669.62				\$42,669.62
Jun-15	6426919	\$38,788.54				\$38,788.54
Jul-15	6357194	-\$105.70				-\$105.70

Total \$81,352.46

Inquiries regarding this statement, please contact:

Stephanie Espinosa
Phone: 479-201-2829

Fax: 479-478-1843

or email at stephanie.espinosa@goldenliving.com

AVP: Jeff Mahan

Billers:

Exh "B"



Invoice

6426919

BILLING MONTH
6/1/2015 - 6/30/2015

BILLING DATE
6/30/2015

Facility ID: 97135

St. Francis in the Park Health & Rehab
1800 New York Avenue
Superior, WI 54880

Total Bill \$38,788.54

District: 4762

	<u>Delivered</u>	<u>Billed</u>	<u>Amount</u>
Medicare Part A - Ultra High (CAP)	12,831	12,621	\$14,261.73
Medicare Part A - Very High (CAP)	12,379	12,324	\$13,926.12
Medicare Part A - High (CAP)	0	0	\$0.00
Medicare Part A - Medium (CAP)	0	0	\$0.00
Medicare Part A - Low (CAP)	0	0	\$0.00
Medicare Part A - Non-Rehab (CAP)	0	0	\$0.00
		Total	\$28,187.85
	<u>Qty</u>	<u>%</u>	<u>Amount</u>
Medicare Part B - OT (CPT)	169	70.46	\$4,225.54
Medicare Part B - PT (CPT)	67	29.54	\$1,586.16
Medicare Part B - ST (CPT)			\$0.00
	236	Total	\$5,811.70
	<u>Qty</u>	<u>%</u>	<u>Amount</u>
HMO/MCO - OT (CPT)	52	56.77	\$1,272.76
HMO/MCO - PT (CPT)	39	43.23	\$923.72
HMO/MCO - ST (CPT)			\$0.00
	91	Total	\$2,196.48
	<u>Qty</u>	<u>%</u>	<u>Amount</u>
MgdLikeA Not RUG - OT (CPT)	54	50.30	\$1,330.47
MgdLikeA Not RUG - PT (CPT)	52	49.70	\$1,262.04
MgdLikeA Not RUG - ST (CPT)			\$0.00
	106	Total	\$2,592.51
- Optional Services ()			\$0.00
		Optional Services	\$0.00

Mail payment to: AEGIS Therapies, Inc. PO Box 8103 Fort Smith, AR 72902
Contact your Billing Assistant directly or call Aegis Billing at (479) 201-2810. Fax (479) 201-2703



06/01/2015 - 06/30/2015
St. Francis in the Park Health & Rehab

DETAIL BY PATIENT		BILLING MONTH	BILLING DATE
Facility ID: 97135	District: 4762	6/1/2015 - 6/30/2015	6/30/2015

Medicare Part A

<u>Patient Name</u>	<u>Date Range</u>	<u>Delivered Minutes</u>	<u>Billed Minutes</u>	<u>Price Per Billed Minute</u>	<u>Total</u>
Anecki, Kathleen	06/01/2015 - 06/04/2015 V	402	402	1.13	454.26
Anecki, Kathleen	06/05/2015 - 06/11/2015 V	517	517	1.13	584.21
Breitzmann, Warner	06/01/2015 - 06/04/2015 U	582	582	1.13	657.66
Breitzmann, Warner	06/05/2015 - 06/05/2015 U	41	41	1.13	46.33
Carlson, Frances	06/01/2015 - 06/02/2015 U	288	288	1.13	325.44
Carlson, Frances	06/03/2015 - 06/09/2015 U	728	728	1.13	822.64
Clana, Karen	06/01/2015 - 06/07/2015 V	500	500	1.13	565.00
Clana, Karen	06/08/2015 - 06/14/2015 V	504	504	1.13	569.52
Clana, Karen	06/15/2015 - 06/20/2015 V	483	483	1.13	545.79
Erickson, Laurence	06/01/2015 - 06/04/2015 V	418	418	1.13	472.34
Erickson, Laurence	06/05/2015 - 06/11/2015 V	522	522	1.13	589.86
Erickson, Laurence	06/12/2015 - 06/18/2015 V	518	518	1.13	585.34
Erickson, Laurence	06/19/2015 - 06/25/2015 V	522	522	1.13	589.86
Erickson, Laurence	06/26/2015 - 06/30/2015 V	324	324	1.13	366.12
Hansen, Eleanor	06/08/2015 - 06/14/2015 V	405	405	1.13	457.65
Hansen, Eleanor	06/15/2015 - 06/21/2015 V	541	525	1.13	593.25
Hansen, Eleanor	06/22/2015 - 06/28/2015 V	503	503	1.13	568.39
Hansen, Eleanor	06/29/2015 - 06/29/2015 V	170	170	1.13	192.10
Hansen, Eleanor	06/30/2015 - 06/30/2015 U	160	160	1.13	180.80
Hanson, Pamela	06/10/2015 - 06/16/2015 V	451	451	1.13	509.63
Hanson, Pamela	06/17/2015 - 06/23/2015 V	442	442	1.13	499.46
Hanson, Pamela	06/24/2015 - 06/30/2015 V	552	525	1.13	593.25
Hietala, Michael	06/01/2015 - 06/02/2015 U	301	301	1.13	340.13
Hietala, Michael	06/03/2015 - 06/09/2015 U	748	748	1.13	845.24
Hietala, Michael	06/10/2015 - 06/16/2015 U	724	724	1.13	818.12
Hietala, Michael	06/17/2015 - 06/23/2015 U	734	734	1.13	829.42
Hietala, Michael	06/24/2015 - 06/30/2015 U	747	747	1.13	844.11
Holmes, James	06/01/2015 - 06/04/2015 V	393	393	1.13	444.09
Holmes, James	06/05/2015 - 06/11/2015 V	537	525	1.13	593.25
Holmes, James	06/12/2015 - 06/18/2015 V	508	508	1.13	574.04

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06/01/2015 - 06/30/2015
St. Francis in the Park Health & Rehab

Holmes, James	06/19/2015 - 06/19/2015 V	82	82	1.13	92.66
Kibble, Robert	06/01/2015 - 06/04/2015 U	690	609	1.13	688.17
Kibble, Robert	06/05/2015 - 06/11/2015 U	784	756	1.13	854.28
Kibble, Robert	06/12/2015 - 06/18/2015 U	857	756	1.13	854.28
Kibble, Robert	06/19/2015 - 06/25/2015 U	661	661	1.13	746.93
Kibble, Robert	06/26/2015 - 06/30/2015 U	431	431	1.13	487.03
McCaffrey, Louise	06/03/2015 - 06/09/2015 V	419	419	1.13	473.47
McCaffrey, Louise	06/10/2015 - 06/16/2015 V	520	520	1.13	587.60
McCaffrey, Louise	06/17/2015 - 06/18/2015 V	249	249	1.13	281.37
McCaffrey, Louise	06/19/2015 - 06/25/2015 U	721	721	1.13	814.73
McCaffrey, Louise	06/26/2015 - 06/30/2015 U	443	443	1.13	500.59
Michog, Marilyn	06/11/2015 - 06/17/2015 V	444	444	1.13	501.72
Michog, Marilyn	06/18/2015 - 06/24/2015 V	499	499	1.13	563.87
Michog, Marilyn	06/25/2015 - 06/30/2015 V	398	398	1.13	449.74
Nelson, Norman	06/01/2015 - 06/03/2015 U	450	450	1.13	508.50
Nelson, Norman	06/04/2015 - 06/10/2015 U	720	720	1.13	813.60
Nelson, Norman	06/11/2015 - 06/17/2015 U	722	722	1.13	815.86
Nelson, Norman	06/18/2015 - 06/24/2015 U	720	720	1.13	813.60
Nelson, Norman	06/25/2015 - 06/30/2015 U	579	579	1.13	654.27
Rogers, Terry	06/22/2015 - 06/28/2015 V	421	421	1.13	475.73
Rogers, Terry	06/29/2015 - 06/30/2015 V	135	135	1.13	152.55
Total		25210	24945	Total	\$28,187.85

Medicare Part B

<u>Discipline</u>	<u>Patient Name</u>	<u>SOC DATE</u>	<u>CPTCode</u>	<u>No. of Treatments</u>	<u>Price</u>	<u>Total</u>
OT	Carlson, Frances	04/16/2015	97530	2	25.52	\$51.04
OT	Carlson, Frances	04/16/2015	97110	10	23.64	\$236.40
OT	Carlson, Frances	04/16/2015	97535	11	25.54	\$280.94
Total Carlson, Frances				23	Total	\$568.38
OT	Karling, Timothy	05/07/2015	97110	2	23.64	\$47.28
OT	Karling, Timothy	05/07/2015	97535	1	25.54	\$25.54
Total Karling, Timothy				3	Total	\$72.82
OT	Marello, Gerald	05/13/2015	97110	11	23.64	\$260.04
OT	Marello, Gerald	05/13/2015	97535	3	25.54	\$76.62
Total Marello, Gerald				14	Total	\$336.66
OT	Mega, Janet	06/18/2015	97003	1	62.13	\$62.13

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06/01/2015 - 06/30/2015
St. Francis in the Park Health & Rehab

OT	Mega, Janet	06/18/2015	97110	11	23.64	\$260.04
OT	Mega, Janet	06/18/2015	97535	12	25.54	\$306.48
Total Mega, Janet				24	Total	\$628.65
OT	Morgan, William	05/20/2015	97112	1	24.51	\$24.51
OT	Morgan, William	05/20/2015	97110	35	23.64	\$827.40
OT	Morgan, William	05/20/2015	97535	4	25.54	\$102.16
Total Morgan, William				40	Total	\$954.07
OT	Watland, Alice	05/29/2015	97110	5	23.64	\$118.20
OT	Watland, Alice	05/29/2015	97530	15	25.52	\$382.80
OT	Watland, Alice	05/29/2015	97535	25	25.54	\$638.50
Total Watland, Alice				45	Total	\$1,139.50
OT	Wohlwend, Ronald	06/19/2015	97003	1	62.13	\$62.13
OT	Wohlwend, Ronald	06/19/2015	97535	7	25.54	\$178.78
OT	Wohlwend, Ronald	06/19/2015	97110	11	23.64	\$260.04
OT	Wohlwend, Ronald	06/19/2015	97112	1	24.51	\$24.51
Total Wohlwend, Ronald				20	Total	\$525.46
Total OT				169	Total	\$4,225.54
PT	Carlson, Frances	04/16/2015	97116	4	20.87	\$83.48
PT	Carlson, Frances	04/16/2015	97112	1	24.51	\$24.51
PT	Carlson, Frances	04/16/2015	G0283	4	10.10	\$40.40
PT	Carlson, Frances	04/16/2015	97110	4	23.64	\$94.56
PT	Carlson, Frances	04/16/2015	97530	6	25.52	\$153.12
Total Carlson, Frances				19	Total	\$396.07
PT	Hansen, Eleanor	05/19/2015	97110	1	23.64	\$23.64
PT	Hansen, Eleanor	05/19/2015	97116	1	20.87	\$20.87
PT	Hansen, Eleanor	05/19/2015	97530	2	25.52	\$51.04
Total Hansen, Eleanor				4	Total	\$95.55
PT	Marello, Gerald	05/05/2015	97110	1	23.64	\$23.64
PT	Marello, Gerald	05/05/2015	97530	1	25.52	\$25.52
Total Marello, Gerald				2	Total	\$49.16
PT	Watland, Alice	05/29/2015	97112	2	24.51	\$49.02
PT	Watland, Alice	05/29/2015	97110	13	23.64	\$307.32
PT	Watland, Alice	05/29/2015	97530	27	25.52	\$689.04
Total Watland, Alice				42	Total	\$1,045.38

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06/01/2015 - 06/30/2015
St. Francis in the Park Health & Rehab

				67	Total	\$1,586.16
HMO/MCO						
<u>Discipline</u>	<u>Patient Name</u>	<u>SOC DATE</u>	<u>CPTCode</u>	<u>No. of Treatments</u>	<u>Price</u>	<u>Total</u>
OT	Aspdal, Lois	05/19/2015	97530	3	25.52	\$76.56
OT	Aspdal, Lois	05/19/2015	97110	17	23.64	\$401.88
OT	Aspdal, Lois	05/19/2015	97535	5	25.54	\$127.70
Total Aspdal, Lois				25	Total	\$606.14
OT	Aspdal, Roy	05/11/2015	97110	12	23.64	\$283.68
OT	Aspdal, Roy	05/11/2015	97530	8	25.52	\$204.16
OT	Aspdal, Roy	05/11/2015	97535	7	25.54	\$178.78
Total Aspdal, Roy				27	Total	\$666.62
Total OT				52	Total	\$1,272.76
PT	Aspdal, Lois	05/18/2015	97112	5	24.51	\$122.55
PT	Aspdal, Lois	05/18/2015	97110	10	23.64	\$236.40
PT	Aspdal, Lois	05/18/2015	97530	3	25.52	\$76.56
Total Aspdal, Lois				18	Total	\$435.51
PT	Aspdal, Roy	05/11/2015	97112	1	24.51	\$24.51
PT	Aspdal, Roy	05/11/2015	97530	4	25.52	\$102.08
PT	Aspdal, Roy	05/11/2015	97110	10	23.64	\$236.40
PT	Aspdal, Roy	05/11/2015	97116	6	20.87	\$125.22
Total Aspdal, Roy				21	Total	\$488.21
Total PT				39	Total	\$923.72

MgdLikeA Not RUG

<u>Discipline</u>	<u>Patient Name</u>	<u>SOC DATE</u>	<u>CPTCode</u>	<u>No. of Treatments</u>	<u>Price</u>	<u>Total</u>
OT	Glenn, Jamie	06/08/2015	97003	1	62.13	\$62.13
OT	Glenn, Jamie	06/08/2015	97542	11	22.46	\$247.06
OT	Glenn, Jamie	06/08/2015	97530	5	25.52	\$127.60
OT	Glenn, Jamie	06/08/2015	97110	27	23.64	\$638.28
OT	Glenn, Jamie	06/08/2015	97535	10	25.54	\$255.40
Total Glenn, Jamie				54	Total	\$1,330.47
Total OT				54	Total	\$1,330.47
PT	Glenn, Jamie	06/08/2015	97001	1	55.07	\$55.07
PT	Glenn, Jamie	06/08/2015	97112	3	24.51	\$73.53
PT	Glenn, Jamie	06/08/2015	97116	12	20.87	\$250.44

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06/01/2015 - 06/30/2015
St. Francis in the Park Health & Rehab

PT	Glenn, Jamie	06/08/2015	97110	19	23.64	\$449.16
PT	Glenn, Jamie	06/08/2015	97530	17	25.52	\$433.84
Total Glenn, Jamie				52	Total	\$1,262.04
Total PT				52	Total	\$1,262.04

Mail payment to: AEGIS Therapies, Inc. PO Box 8103 Fort Smith, AR 72902
Contact your Billing Assistant directly or call Aegis Billing at (479) 201-2810. Fax (479) 201-2703



06/01/2015 - 06/30/2015
St. Francis in the Park Health & Rehab

Breakdown

Facility ID: 97135

District: 4762

BILLING MONTH

6/1/2015 - 6/30/2015

HMO/MCO

<u>Discipline</u>	<u>Delivered Minutes</u>	<u>%</u>	<u>Amount</u>
OT	767.00	56.77	\$1,272.76
PT	584.00	43.23	\$923.72
ST	0.00	0.00	\$0.00
Total	1,351.00	100	\$2,196.48

Medicare Part A

<u>Discipline</u>	<u>Delivered Minutes</u>	<u>%</u>	<u>Amount</u>
OT	12,268.00	48.66	\$13,719.03
PT	12,200.00	48.39	\$13,640.10
ST	742.00	2.94	\$828.72
Total	25,210.00	100	\$28,187.85

Medicare Part B

<u>Discipline</u>	<u>Delivered Minutes</u>	<u>%</u>	<u>Amount</u>
OT	2,490.00	70.46	\$4,225.54
PT	1,044.00	29.54	\$1,586.16
ST	0.00	0.00	\$0.00
Total	3,534.00	100	\$5,811.70

MgdLikeA Not RUG

<u>Discipline</u>	<u>Delivered Minutes</u>	<u>%</u>	<u>Amount</u>
OT	835.00	50.30	\$1,330.47
PT	825.00	49.70	\$1,262.04
ST	0.00	0.00	\$0.00
Total	1,660.00	100	\$2,592.51

Mail payment to: AEGIS Therapies, Inc. PO Box 8103 Fort Smith, AR 72902
Contact your Billing Assistant directly or call Aegis Billing at (479) 201-2810. Fax (479) 201-2703



CREDIT MEMO INVOICE

BILLING PERIOD

5/22/2015 - 5/27/2015

BILL TO	
Facility ID: 97135	District: 4762
St. Francis in the Park Health & Rehab 1800 New York Avenue Superior, WI 54880	

DATE	#
06/22/2015	6357194

SUMMARY

Medicare Part A	
May 2015 - Total	\$164.98
May 2015 - OT	\$77.36
May 2015 - PT	\$75.09
May 2015 - ST	\$12.53
HMO/MCO	
May 2015 - Total	(\$270.68)
May 2015 - PT	(\$270.68)
Total	(\$105.70)

TOTAL CREDIT **(\$105.70)**

Mail payment to: **AEGIS Therapies, Inc. PO Box 8103 Fort Smith, AR 72902**
Contact your Billing Assistant directly or call Aegis Billing at (479) 201-2810. Fax (479) 201-2703



05/22/2015 - 05/27/2015
St. Francis in the Park Health & Rehab

MEMO

6357194

BILLING MONTH
 5/22/2015 - 5/27/2015

BILLING DATE
 6/22/2015

Facility ID: 97135

District: 4762

DETAIL

Medicare Part A			
Resident	Date	Description	Amount
Jacobson, Richard	05/22/2015	Debit for "Capped" contract on 05/22/2015 for H	\$164.98
Total			\$164.98
Smith, Patricia	05/26/2015	Credit for "Capped" contract on 05/26/2015 for V	(\$414.71)
Smith, Patricia	05/26/2015	Debit for "Capped" contract on 05/26/2015 for V	\$414.71
Total			\$0.00
Medicare Part A Total			\$164.98

HMO/MCO				
Resident		Date	Description	Amount
Jacobson, Richard	PT	05/25/2015	Credit for "CPT" contract on 05/25/2015 for 97530	(\$25.52)
Jacobson, Richard	PT	05/25/2015	Credit for "CPT" contract on 05/25/2015 for 97116	(\$41.74)
Jacobson, Richard	PT	05/25/2015	Credit for "CPT" contract on 05/25/2015 for 97001	(\$55.07)
Jacobson, Richard	PT	05/25/2015	Credit for "CPT" contract on 05/25/2015 for 97110	(\$23.64)
Jacobson, Richard	PT	05/26/2015	Credit for "CPT" contract on 05/26/2015 for 97530	(\$51.04)
Jacobson, Richard	PT	05/26/2015	Credit for "CPT" contract on 05/26/2015 for 97110	(\$23.64)
Jacobson, Richard	PT	05/26/2015	Credit for "CPT" contract on 05/26/2015 for 97112	(\$24.51)
Jacobson, Richard	PT	05/27/2015	Credit for "CPT" contract on 05/27/2015 for 97530	(\$25.52)
Total				(\$270.68)
HMO/MCO Total				(\$270.68)

Mail payment to: AEGIS Therapies, Inc. PO Box 8103 Fort Smith, AR 72902
 Contact your Billing Assistant directly or call Aegis Billing at (479) 201-2810. Fax (479) 201-2703



DEBIT MEMO INVOICE

BILLING PERIOD

4/27/2015 - 4/30/2015

BILL TO	
Facility ID: 97135	District: 4762
St. Francis in the Park Health & Rehab 1800 New York Avenue Superior, WI 54880	

DATE	#
05/19/2015	6211175

SUMMARY

Medicare Part A	
April 2015 - Total	(\$135.60)
April 2015 - OT	(\$61.05)
April 2015 - PT	(\$62.13)
April 2015 - ST	(\$12.42)
Medicare Part B	
April 2015 - Total	\$266.60
April 2015 - OT	\$136.85
April 2015 - PT	\$129.75
Total	\$131.00

TOTAL DEBIT **\$131.00**

Mail payment to: AEGIS Therapies, Inc. PO Box 8103 Fort Smith, AR 72902
Contact your Billing Assistant directly or call Aegis Billing at (479) 201-2810. Fax (479) 201-2703



04/27/2015 - 04/30/2015
St. Francis in the Park Health & Rehab

MEMO	6211175	BILLING MONTH 4/27/2015 - 4/30/2015	BILLING DATE 5/19/2015
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Facility ID: 97135 District: 4762

DETAIL

Medicare Part A			
Resident	Date	Description	Amount
Nordswen, Carol	04/29/2015	Credit for "Capped" contract on 04/29/2015 for V	(\$135.60)
Total			(\$135.60)
Padgett, Susan	04/27/2015	Credit for "Capped" contract on 04/27/2015 for U	(\$471.21)
Padgett, Susan	04/27/2015	Debit for "Capped" contract on 04/27/2015 for U	\$471.21
Total			\$0.00
Medicare Part A Total			(\$135.60)

Medicare Part B			
Resident	Date	Description	Amount
Nordswen, Carol	OT 04/30/2015	Debit for "CPT" contract on 04/30/2015 for 97110	\$23.64
Nordswen, Carol	OT 04/30/2015	Debit for "CPT" contract on 04/30/2015 for 97535	\$51.08
Nordswen, Carol	OT 04/30/2015	Debit for "CPT" contract on 04/30/2015 for 97003	\$62.13
Total			\$136.85
Nordswen, Carol	PT 04/30/2015	Debit for "CPT" contract on 04/30/2015 for 97530	\$51.04
Nordswen, Carol	PT 04/30/2015	Debit for "CPT" contract on 04/30/2015 for 97110	\$23.64
Nordswen, Carol	PT 04/30/2015	Debit for "CPT" contract on 04/30/2015 for 97001	\$55.07
Total			\$129.75
Medicare Part B Total			\$266.60

Mail payment to: AEGIS Therapies, Inc. PO Box 8103 Fort Smith, AR 72902
Contact your Billing Assistant directly or call Aegis Billing at (479) 201-2810. Fax (479) 201-2703



Invoice

6278743

BILLING MONTH

5/1/2015 - 5/31/2015

BILLING DATE

5/31/2015

Facility ID: 97135

St. Francis in the Park Health & Rehab
1800 New York Avenue
Superior, WI 54880

Total Bill

\$42,669.62

District: 4762

	<u>Delivered</u>	<u>Billed</u>	<u>Amount</u>
Medicare Part A - Ultra High (CAP)	11,069	10,947	\$12,370.11
Medicare Part A - Very High (CAP)	7,144	7,086	\$8,007.18
Medicare Part A - High (CAP)	353	299	\$337.87
Medicare Part A - Medium (CAP)	580	560	\$632.80
Medicare Part A - Low (CAP)	0	0	\$0.00
Medicare Part A - Non-Rehab (CAP)	142	142	\$160.46

Total \$21,508.42

	<u>Qty</u>	<u>%</u>	<u>Amount</u>
Medicare Part B - OT (CPT)	272	45.54	\$6,810.57
Medicare Part B - PT (CPT)	268	45.99	\$6,469.43
Medicare Part B - ST (CPT)	19	8.46	\$1,205.18
	<u>559</u>	Total	\$14,485.18

	<u>Qty</u>	<u>%</u>	<u>Amount</u>
HMO/MCO - OT (CPT)	138	50.66	\$3,471.60
HMO/MCO - PT (CPT)	132	49.34	\$3,204.42
HMO/MCO - ST (CPT)			\$0.00
	<u>270</u>	Total	\$6,676.02

- Optional Services ()

Optional Services \$0.00

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05/01/2015 - 05/31/2015
St. Francis in the Park Health & Rehab

DETAIL BY PATIENT		BILLING MONTH	BILLING DATE
Facility ID: 97135	District: 4762	5/1/2015 - 5/31/2015	5/31/2015

Medicare Part A

Patient Name	Date Range	<u>Delivered</u> Minutes	Billed Minutes	Price Per Billed Minute	Total
Anecki, Kathleen	05/01/2015 - 05/06/2015 U	622	622	1.13	702.86
Anecki, Kathleen	05/07/2015 - 05/13/2015 U	741	741	1.13	837.33
Anecki, Kathleen	05/14/2015 - 05/14/2015 U	125	125	1.13	141.25
Anecki, Kathleen	05/15/2015 - 05/21/2015 V	517	517	1.13	584.21
Anecki, Kathleen	05/22/2015 - 05/28/2015 V	507	507	1.13	572.91
Anecki, Kathleen	05/29/2015 - 05/31/2015 V	104	104	1.13	117.52
Bergstrom, Sharon	05/01/2015 - 05/05/2015 U	445	435	1.13	491.55
Bergstrom, Sharon	05/06/2015 - 05/12/2015 U	744	744	1.13	840.72
Bergstrom, Sharon	05/13/2015 - 05/13/2015 U	136	136	1.13	153.68
Breitzmann, Warner	05/01/2015 - 05/07/2015 U	687	687	1.13	776.31
Breitzmann, Warner	05/08/2015 - 05/14/2015 U	821	756	1.13	854.28
Breitzmann, Warner	05/15/2015 - 05/21/2015 U	675	675	1.13	762.75
Breitzmann, Warner	05/22/2015 - 05/28/2015 U	719	719	1.13	812.47
Breitzmann, Warner	05/29/2015 - 05/31/2015 U	145	145	1.13	163.85
Bryant, Mary	05/01/2015 - 05/07/2015 V	461	461	1.13	520.93
Bryant, Mary	05/08/2015 - 05/08/2015 V	65	65	1.13	73.45
Burgdorf, Rolland	05/01/2015 - 05/05/2015 V	313	295	1.13	333.35
Burgdorf, Rolland	05/06/2015 - 05/08/2015 V	261	261	1.13	294.93
Carlson, Frances	05/01/2015 - 05/05/2015 U	422	422	1.13	476.86
Carlson, Frances	05/06/2015 - 05/12/2015 U	793	756	1.13	854.28
Carlson, Frances	05/13/2015 - 05/19/2015 U	711	711	1.13	803.43
Carlson, Frances	05/20/2015 - 05/26/2015 U	750	750	1.13	847.50
Carlson, Frances	05/27/2015 - 05/31/2015 U	409	409	1.13	462.17
Clana, Karen	05/01/2015 - 05/07/2015 V	517	517	1.13	584.21
Clana, Karen	05/08/2015 - 05/13/2015 V	349	349	1.13	394.37
Clana, Karen	05/14/2015 - 05/20/2015 N	0	0	1.13	0.00
Clana, Karen	05/21/2015 - 05/24/2015 N	0	0	1.13	0.00
Clana, Karen	05/25/2015 - 05/31/2015 V	524	524	1.13	592.12
Erickson, Laurence	05/08/2015 - 05/14/2015 V	444	444	1.13	501.72
Erickson, Laurence	05/15/2015 - 05/21/2015 V	507	507	1.13	572.91

Mail payment to: AEGIS Therapies, Inc. PO Box 8103 Fort Smith, AR 72902
Contact your Billing Assistant directly or call Aegis Billing at (479) 201-2810. Fax (479) 201-2703

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE	:	CHAPTER 7
	:	
HP SUPERIOR, INC.,	:	CASE NO. 14-71797-PWB
	:	
Debtor.	:	
_____	:	_____

CERTIFICATE OF SERVICE

The undersigned, Craig B. Lefkoff, hereby certifies that I am, and at all times hereinafter mentioned, was more than 18 years of age, and that I served a copy of the MOTION FOR ALLOWANCE AND PAYMENT OF ADMINISTRATIVE CLAIM and NOTICE OF ASSIGNMENT OF HEARING on the following by depositing same in the United States Mail in properly addressed envelopes with adequate postage to:

HP Superior, Inc.
5174 McGinnis Ferry Road Suite 195
Alpharetta, GA 30005

G. Frank Nason, IV, Esq.
3343 Peachtree Rd., NE, Suite 550
Atlanta, GA 30326

G. Frank Nason, IV, Esq.
Suite W212
1117 Perimeter Center West
Atlanta, Georgia 30338

S. Gregory Hays
Chapter 7 Trustee
3343 Peachtree Road, NE
Suite 200
Atlanta, GA 30326-1085

And the parties on the attached mailing list

This March 2, 2016.

The Law Office of
LEFKOFF, RUBIN, GLEASON & RUSSO, P.C.
Attorneys for Movant

By: /s/ Craig B. Lefkoff
Craig B. Lefkoff
Georgia State Bar No. 445045

5555 Glenridge Connector
Suite 900
Atlanta, Georgia 30342
(404) 869-6900
clefkoff@lrqlaw.com

Label Matrix for local noticing
113E-1
Case 14-71797-pwb
Northern District of Georgia
Atlanta
Mon Feb 29 16:37:51 EST 2016
Office of the United States Trustee
362 Richard Russell Building
75 Ted Turner Drive, SW
Atlanta, GA 30303-3315

ARAMARK Uniform & Career Apparel, LLC
c/o Sheila R. Schwager
Hawley Troxell Ennis & Hawley, LLP
877 Main Street, Suite 1000
Boise, ID 83702-5884

AT&T Mobility
P.O. Box 6463
Carol Stream, IL 60197-6463

Alecia Christeen Radtke
2658 Aho Road
Barnum, MN 55707-8657

American Healthtech
P.O. Box 12310
Jackson, MS 39236-2310

Aramark Uniform Services
AUS La Crosse MC Lockbox
26605 Network Place
Chicago, IL 60673-1266

Bachand Estates, LLP
Administrative Office
1707 N. 8th Street
Superior, WI 54880-6646

Beckler's Carpet Outlet, Inc.
P.O. Box 9
3051 North Dug Gap Road, SW
Dalton, GA 30720-4983

Betty Kossak
1621 Weeks Avenue
Superior, WI 54880-2814

CSI Co. Incorporated
for ThyssenKrupp Elevator Corp.
PO Box 224768
Dallas, TX 75222-4768

State of Wisconsin
P. O. Box 7857
Madison, WI 53707-7857

ARAMARK Uniform & Career Apparel, LLC
c/o Sheila R. Schwager
Hawley Troxell Ennis & Hawley, LLP
PO Box 1617
Boise, ID 83701-1617

Absolute Fire Protection, Inc.
4905 Canosia Road
Saginaw, MN 55779-9792

AltaCare Corporation
5895 Windward Parkway
Suite 200
Alpharetta, GA 30005-8805

American Portable Medical Svc
4905 Bellemeade Avenue
Evansville, IN 47715-4129

Arjo Huntleigh
2349 West Lake Street
Addison, IL 60101-6183

Badger Acquisition of Minnesota
d/b/a Omnicare of Minnesota
900 Omnicare Center
201 East Fourth Street
Cincinnati, Ohio 45202-1513

Belknap Plumbing & Heating
1414 Belknap Street
Superior, WI 54880-2789

Blue Cross Blue Shield of WI
Box 88851
Milwaukee, WI 53288-0001

HP Superior, Inc.
5174 McGinnis Ferry Road
Suite 195
Alpharetta, GA 30005-1792

US Foods, Inc.
c/o Bryan Cave LLP
161 N. Clark Street
Suite 4300
Chicago, IL 60601-3315

AS Captive
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Alpharetta, GA 30005-8805

Aegis Therapies
P.O. Box 8103
Fort Smith, AR 72902-8103

Amara Healthcare
2021 Scott Road
Augusta, GA 30906-2539

Anthem BCBS Dental
P.O. Box 105163
Atlanta, GA 30348-5163

BB&T Insurance Services, Inc.
3100 Royal Blvd South
P.O. Box 2190
Alpharetta, GA 30023-2190

Badger Taxi
25 N. 93rd Ave West
Superior, WI 54880

Bentley Data Solutions
2432 Summerwood
Layton, UT 84040-3112

Blue Link
P.O. Box 64668
Saint Paul, MN 55164-0668

Breanna Rasmussen
8917 S. Big Balsam Road
Foxboro, WI 54836-9543

Brenda Dolsen
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Superior, WI 54880

Briggs
P.O. Box 1355
Des Moines, IA 50306-1355

Brown Industries, Inc.
101 South Chester Road
Swarthmore, PA 19081-1998

CLIA Laboratory Program
P.O. Box 530882
Atlanta, GA 30353-0882

CSE Mortgage LLC
c/o Kevin A. Stine, Esq.
Baker, Donelson, Bearman, Caldwell & Ber
3414 Peachtree Rd., NE, Suite 1600
Atlanta, GA 30326-1164

CSE Mortgage, LLC
5404 Wisconsin Avenue
2nd Floor
Chevy Chase, MD 20815-3585

Cambridge House
250 Bellebrook Road
Bristol, TN 37620-5623

CapitalSource Inc.
5404 Wisconsin Avenue
2nd Floor
Chevy Chase, MD 20815-3585

Carl Ratcliffe
3011 Quarls Drive
Canton, GA 30115-9200

Chamberlain Hrdlicka White
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34th Floor
Atlanta, GA 30303-1757

Charolette Dobson
1802 N. 23rd, #2
Superior, WI 54880-4879

Charter Communications
Attention: Cash Management
4670 E. Fulton, Suite 102
Ada, MI 49301-8409

Charter Communications
P.O. Box 3149
Milwaukee, WI 53201-3149

Chris Fitch
701 East 7th Street
Superior, WI 54880-3125

City of Superior
The Stark Collection Agency Inc
PO Box 45710
Madison, WI 53744-5710

City of Superior-Property Tax
Department of Finance
1316 N. 14th Street
Superior, WI 54880-1773

City of Superior-Stormwater Ut
51 E. 1st Street
Superior, WI 54880-3034

Claudia Brew
64 Highgate Street
Superior, WI 54880-4462

Clear Channel Radio
14 E. Central Entrance
Duluth, MN 55811-5508

Compensation Consultants
P.O. Box 72
Cloquet, MN 55720-0072

Complete Payment Recovery
3500 5th Street
Northport, AL 35476-4723

Comprehensive Care Services
P.O. Box 64668
Saint Paul, MN 55164-0668

Courtesy Cab Inc.
P.O. Box 784
Superior, WI 54880-0784

Crandall & Associates
P.O. Box 31060
Mesa, AZ 85275-1060

Crest Electronics Inc. DBA:
Crest Healthcare Supply
PO Box 727
Dassel, MN 55325-0727

Crest Healthcare Supply
P.O. Box 727
Dassel, MN 55325-0727

Cummins North Power, LLC
1600 Buerkle Road
White Bear Lake, MN 55110-5217

Custom Medical Solutions
7100 Northland Circle
Suite 410
Minneapolis, MN 55428-1500

DHFS
1316 North 4th Street
Suite 400
Superior, WI 54880

Daily Telegram
1226 Ogden Avenue
Superior, WI 54880-1585

Daly & DeRoma Group, Inc.
18200 45th Avenue No
Suite C
Minneapolis, MN 55446-4554

De Lage Landen Financial Svcs
P.O. Box 41602
Philadelphia, PA 19101-1602

Dewitt Ross & Stevens
Capitol Square Office
2 East Mifflin Street, Ste 600
Madison, WI 53703-2865

Direct Supply
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Milwaukee, WI 53288-0201

Div. of Health Care Finance
P.O. Box 309
Madison, WI 53701-0309

Division of Quality Assurance
Box 93679
Milwaukee, WI 53293-0679

Douglas Co. Property Assessor
1313 Belknap Street
Superior, WI 54880-2795

Douglas County Treasurer
1313 Belknap Street
RM 102
Superior, WI 54880-2781

Douglas County Wisconsin
Corporation Counsel
1316 N. 14th St, Suite 301
Superior, WI 54880-1778

Duluth News Tribune
Finance Department
P.O. Box 169000
Duluth, MN 55816-9000

EDS
P.O. Box 244032
Montgomery, AL 36124-4032

ESC Systems
P.O. Box 1095
Duluth, MN 55810-0095

Ecolab
P.O. Box 905327
Charlotte, NC 28290-5327

Edith Nelson
c/o John Nelson
58090 Yderstad Road
Mason, WI 54856-3650

Essentia Health
P.O. Box 856582
Minneapolis, MN 55485-6582

Estate of Beatrice Strinmoen
202 E Water Street
Decorah, IA 52101-1804

Estate of Howard Durham
1724 Ohio Avenue
Superior, WI 54880-2015

Estate of Otto Kangas
1335 County Highway FF
Brule, WI 54820-9154

Estate of Thomas Rygg
c/o Janice Rygg
11583 S St. Croix Street #7
Solon Springs, WI 54873-8055

FRIENDSHIP-LTC LLC
10945 STATE BRIDGE ROAD
Alpharetta, GA 30022-8164

Federal Express
P.O. Box 94515
Palatine, IL 60094-4515

Fire & Industrial Sales, Inc.
P.O. Box 16712
Duluth, MN 55816-0712

Fireside LTC
10945 State Bridge Road
Suite 401-470
Alpharetta, GA 30022-8164

First Insurance Funding
450 Skokie Blvd
Suite 1000
Northbrook, IL 60062-7917

Five Rivers Management, LLC
10945 State Bridge
Suite 401-470
Alpharetta, GA 30022-8164

Floyd Adams
14607 S Street
Omaha, NE 68137-2621

Fred Molter
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Superior, WI 54880-4948

Gary Peterson, M.D.
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Superior, WI 54880-8626

Gaye Erkel
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Maple, WI 54854-9128

Georgia Department of Labor
1700 Century Circle NE
Atlanta, GA 30345-3020

Georgia Department of Labor
P.O. Box 740234
Atlanta, GA 30374-0234

(p)GEORGIA DEPARTMENT OF REVENUE
COMPLIANCE DIVISION
ARCS BANKRUPTCY
1800 CENTURY BLVD NE SUITE 9100
ATLANTA GA 30345-3202

Georgia Dept. of Labor
Suite 826
148 Andrew Young Inter. Blvd., NE
Atlanta GA 30303-1751

Georgia Dept. of Labor
Suite 910
148 Andrew Young Inter. Blvd., NE
Atlanta GA 30303-1751

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330 East Kilbourn Avenue
Milwaukee, WI 53202-6616

Glenda Duke
260 Ferguson Drive
Lexington, TN 38351-4726

Godfrey & Khan, S.C.
Attn: Carla Andres
200 S. Washington St., #100
Green Bay, WI 54301-4298

Great Bend LTC
1560 K96 Highway
Great Bend, KS 67530-3012

HP Holdings
5895 Windward Parkway
Suite 200
Alpharetta, GA 30005-8805

Hamilton Insurance Agency
4100 Monument Corner Drive
#500
Fairfax, VA 22030-8621

Harbor Centers, Inc.
P.O. Box 161318
Duluth, MN 55816-1318

Health Partners
8170 33rd Avenue South
7th Floor
Minneapolis, MN 55425-1614

Healthstar Staffing, Inc.
P.O. Box 9009
Saint Paul, MN 55109-0009

Hidden Hills
3110 Scott Circle
Omaha, NE 68112-2604

Hobart Sales and Service
2700 Tall Pine
Scanlon, MN 55720-2825

Home Medical Products & Svcs
300 Villa Drive
Hurley, WI 54534-1523

Internal Revenue Service
401 W. Peachtree Street NW
Atlanta, GA 30308

Internal Revenue Service
Centralized Insolvency
P.O. Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Jamar Company (Arrowhead)
4701 Mike Colalillo Drive
Duluth, MN 55807-2762

James A. Faunce-Zimmerman
PO Box 86
Wascott WI 54890-0086

James Conley
c/o Patrick Conley
4891 E. Conley Road
Superior, WI 54880-8452

Jennifer Sanda
2184 East Summitt Trail
Foxboro, WI 54836-9516

Joe P. Kimmes Oil Co., Inc.
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Superior, WI 54880-5925

John or Mary Ellen Flaherty
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Superior, WI 54880-5577

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Chattanooga, TN 37421-2609

Kevin Helquist
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Hattiesburg, MS 39402-3506

LB Medwaste Services
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Wausau, WI 54401-9497

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Bethel, MN 55005

Lincoln National Life Insurance
P.O. Box 0821
N. Suburban Fac, IL 60132-0821

Lisa McDonald
315 West Gibson
Jasper, TX 75951-4903

Long Term Care Services
5895 Windward Parkway
Suite 200
Alpharetta, GA 30005-8805

Loy Gotham
P.O. Box 962
Virginia, MN 55792-0962

Lucille Cashman
306 Davis Street
Lake Nebagamon, WI 54849

Macon & Company, Inc.
4887 N. Green Bay Avenue
Milwaukee, WI 53209-5727

Management and Network Svcs
P.O. Box 73996
Cleveland, OH 44193-0002

Marathon Shredding
39 N. 25th Street E
Superior, WI 54880-5246

Mariner Medical Clinic
915 E. 1st Street
Duluth, MN 55805-2107

MassMutual
fka Hartford Life Ins
P.O. Box 1583
Hartford, CT 06144-1583

Medco Equipment
30 Hilltop Road
Saint Joseph, WI 54082-2016

Medica
Attn: Recovery Services
P.O. Box 740804
Atlanta, GA 30374-0804

Melli, Walker, Pease & Ruhly
P.O. Box 1781
Madison, WI 53701-1781

Merwin Home Medical
3001 Louisana Avenue N
Suite A
New Hope, MN 55427-2946

Merwin IV & Speciality Pharm
1811 Old Highway 8 NW
Saint Paul, MN 55112-1828

Merwin LTC Pharmacy
1811 Old Highway 8 NW
Saint Paul, MN 55112-1828

Meyer Law Office
10 East Doty Street
Suite 507
Madison, WI 53703-3397

Michael S. Plsky, Esq.
Two Plaza East, Suite 1085
330 East Kilbourn Avenue
Milwaukee, WI 53202-3170

Midwest Medical Equipment
4418 Haines Road #1200
Duluth, MN 55811-1525

Mobility Solutions
7895 Convoy Ct
Suite 11
San Diego, CA 92111-1215

Nancy Gotham
c/o James Gotham
60 Billings Drive
Superior, WI 54880-4464

National Elevator Inspection
P.O. Box 503067
St. Louis, MO 63150-3067

National Vision Administrators
Fiduciary Trust for FSLI
P.O. Box 28520
New York, NY 10087-8520

Northland Fire & Safety
2213 East 5th Street
Superior, WI 54880-3708

Northwest Respiratory Services
NW-7459
P.O. Box 1450
Minneapolis, WI 55485-7459

Omnicare Corporate
1600 River Center II
100 East River Center Blvd
Covington, KY 41011-1555

One Riverside
4401 Northside Parkway, Suite 450
Atlanta, GA 30327-3065

Operating Engineers Local 139
P.O. Box 160
Pewaukee, WI 53072-0160

Otis Elevator Company
P.O. Box 73579
Chicago, IL 60673-7579

Otis Elevator Company, et.al.
Attn:Treasury Services-Credit/Coll.
1st floor
1 Farm Springs
Farmington CT 06032-2572

PMIC (Practice Management Inf)
4727 Wilshire Blvd
Los Angeles, CA 90010-3806

Pan-O-Gold Baking Co.
NW 6281
P.O. Box 1450
Minneapolis, MN 55485-6281

Pathways To Achievement Inc.
114 South 20th Avenue W
Suite A
Duluth, MN 55806-3526

Pathways Transport
30 E. Bayfield Street
Washburn, WI 54891-4401

Pitney Bowes Global Financial
P.O. Box 371887
Pittsburgh, PA 15250-7887

Platinum Care
240 52nd Street
Brooklyn, NY 11220-1715

Plaunt Plumbing & Heating
4701 Mike Colaillo Drive
Duluth, MN 55807-2762

Plunkett's Pest Control
40 NE 52nd Way
Fridley, MN 55421-1014

Positive Promotions
15 Gilpin Avenue
Hauppauge, NY 11788-4723

Premier Diagnostic Imaging
10800 Lyndale Avenue S
Suite 150
Minneapolis, MN 55420-5698

Premium Assignment
P.O. Box 8800
3522 Thomasville Road
Tallahassee, FL 32309-3488

(p)PROFESSIONAL PORTABLE RADIOLOGICAL SERVICE
755 CLIFF ROAD E
BURNSVILLE MN 55337-1536

Purchase Power - Pitney Bowes
P.O. Box 371874
Pittsburgh, PA 15250-7874

Quickprint Inc.
P.O. Box 415
1908 Tower Avenue
Superior, WI 54880-2545

RF Technologies, Inc.
P.O. Box 8444
Carol Stream, IL 60197-8444

Recovercare, LLC
1920 Stanley Gault Pkwy
Suite 100
Louisville, KY 40223-4209

Retrofit Companies, Inc.
1010 Hoffman Drive, #A
Owatonna, MN 55060-1110

Rob Fuhrman
3316 N. 19th Street
Superior, WI 54880-2108

Robertson Ryan & Assoc., Inc.
330 E. Kilbourn Avenue
Suite 650
Milwaukee, WI 53202-3175

Rosewood LTC
7700 Mesquite Pass
Converse, TX 78109-2461

Royalton Manor LLC
c/o Robert R. Kanuit
Fryberger, Buchanan, Smith & Frederick, PA
302 W Superior St
Duluth MN 55802-1863

Royalton Manor, LLC
B8 Aspen Court
Superior, WI 54880-6514

SFM Mutual Insurance Company
Commercial Collectors, Inc.
PO Box 337
Montrose, MN 55363-0337

SMDC Clinical Lab (Essentia)
Attn: Billing Specialist
407 E. 3rd Street
Duluth, MN 55805-1984

Scan Air Filter, Inc.
P.O. Box 7251
Minneapolis, MN 55407-0251

Sea Isle Corporation
P.O. Box 81021
Pittsburgh, PA 15217-0521

Select Rehabilitation, Inc.
2600 Compass Road
Glenview, IL 60026-8001

Select Rehabilitations, Inc.
550 Frontage Road
Suite 2415
Winnetka, IL 60093-1212

Service Electric of Superior
P.O. Box 625
Superior, WI 54880-0625

Servpro of the Twin Ports
4201 West 1st Street
Duluth, MN 55807-2761

Specialty Property Appraisals
300 South Pointe Drive #2302
Miami, FL 33139-7329

St. Germain's Glass Co.
212 N. 40th Ave W
Duluth, MN 55807-2835

St. Luke's Hospital
915 East 1st Street
Duluth, MN 55805-2193

St. Mary's Hospital Superior
3500 Tower Avenue
Superior, WI 54880-5395

Staples
Dept. HNJ
P.O. Box 30851
Hartford, CT 06150-0001

State of Minnesota Department of Revenue
Bankruptcy Section
PO Box 64447 BKY
St Paul MN 55164-0447

State of Minnesota, Department of Revenue
Bankruptcy Section
PO Box 6447 - BKY
St Paul, MN 55106

State of Wisconsin
Department of Revenue
Post Office Box 8901
Madison, Wisconsin 53708-8901

State of Wisconsin
Dept of Safety & Prof Services
P.O. Box 93086
Milwaukee, WI 53293-3086

State of Wisconsin
Division of Quality Assurance
1 W. Wilson St., PO Box 2969
Madison, WI 53701-2969

State of Wisconsin, DWD - Unemployment I
State of Wisconsin, DWD - UI
P.O. Box 8914
Madison, WI 53708-8914

State of Wisconsin-Dept. of Health Services
F. Mark Bromley-Dept. of Justice
P. O. Box 7857
Madison, WI 53707-7857

Stericycle
P.O. Box 6575
Carol Stream, IL 60197-6575

Superior Entrance Systems
823 Belknap Street
Suite 112
Superior, WI 54880-2974

Superior Flavors, LLC
528 Tower Avenue
Superior, WI 54880-1051

Superior Healthcare Investors
5895 Windward Parkway
Suite 200
Alpharetta, GA 30005-8805

Superior USA Corporation
525 Lake Avenue S
Suite 410
Duluth, MN 55802-2366

Superior Water Light & Power
P.O. Box 169003
Duluth, MN 55816-9003

Superior-Douglas Co Chmbr Comm
205 Belknap Street
Superior, WI 54880-2927

Telephone Associates
P.O. Box 1436
Superior, WI 54880-0230

Thyssen Krupp Elevator
P.O. Box 933004
Atlanta, GA 31193-3004

ThyssenKrupp Elevator Corp.
c/o CST Co.
PO Box 224768
Dallas, TX 75222-4768

Till, Salzer & Blank
1225 Tower Avenue
Suite 318
Superior, WI 54880-1545

Tim's Dairy
3517 Trinity Road
Duluth, MN 55811-3305

Torvinen Jones and Routh, S.C.
823 Belknap Street
Suite 222
Superior, WI 54880-2977

Tri-State Business Systems
2829 Banks Avenue
Superior, WI 54880-5588

Twin Ports Custom Climate
1318 Oakes Avenue
Superior, WI 54880-1430

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600 Richard B. Russell Bldg.
75 Spring Street, SW
Atlanta GA 30303-3315

U.S. Foodservice
P.O. Box 850112
Oklahoma City, OK 73185-0112

UNUM Life Ins Co of America
PO Box 409548
Atlanta, GA 30384-9548

UW-Superior Career Services
P.O. Box 2000
Superior, WI 54880-4500

Ultimate Construction Services
3025 Harbor Lane North
Suite 410
Minneapolis, MN 55447-5142

United Healthcare
Attn: Refund Dept
P.O. Box 30304
Salt Lake City, UT 84130-0304

United Parcel Service
Lockbox 577
Carol Stream, IL 60132-0577

UnitedHealthcare Insurance Company
c/o Rachel A. Smith, CDM, UHC
185 Asylum Street - 03B
Hartford, CT 06103-3408

WDIO-TV / WIRT-13
P.O. Box 16897
Duluth, MN 55816-0897

WI Dept of Justice
Crime Information Bureau
P.O. Box 2688
Madison, WI 53701-2688

WI Div Unemployment Insurance
Workforce Development
PO Box 78960
Milwaukee, WI 53278-8960

WI-DHFS Estate Recovery Prog
313 Blettner Blvd
Madison, WI 53784-0013

WIPFLI CPAs and Consultants
3703 Oakwood Hills Parkway
P.O. Box 690
Eau Claire, WI 54702-0690

WPS Health Insurance
P.O. Box 8688
Madison, WI 53708-8688

Waste Management of WI-MN
P.O. Box 4648
Carol Stream, IL 60197-4648

Westview Manor of Peabody
500 Peabody Street
Peabody, KS 66866-1206

William Arnold
P.O. Box 963
Superior, WI 54880-0010

Wisconsin Department of Revenue
Special Procedures Unit
P.O. Box 8901
Madison, WI 53708-8901

Wisconsin Dept Health & Family
Drawer #594
Milwaukee, WI 53293-0594

Wisconsin Dept Safety & Prof
DPS - Industry Svcs Invoicing
P.O. Box 93086
Milwaukee, WI 53293-3086

Wisconsin Dept of Revenue
PO Box 8908
Madison, WI 53708-8908

Wisconsin Dept. of Revenue
PO Box 8920
Madison, WI 53708-8920

Wisconsin Medicaid
Cash Unit
6406 Bridge Road
Madison, WI 53784-0004

Woodland Park LTC
101 Woodland Park Drive
Shepherd, TX 77371-6497

Young Plumbing and Heating
5223 Oakes Avenue
Superior, WI 54880-5756

Ziemer Stayman Weitzel
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